

# Digest

WINTER 2008

## Letter from the President

Dear Dental Professional:

As another year comes to a close, I would like to personally thank each of you for making a difference in your community. Your dedication to helping the underserved has not gone unnoticed.

Increasing access to quality dental care for members of government programs remains a key focus. Continued increases in access would not be possible without your dedication and willingness to navigate through oftentimes challenging government programs. You can be assured everyone at Doral has your best interest at heart, and we will continue to improve and streamline our administrative process for your benefit.

We look forward to the start of another exciting year as your partner in serving your community. Thank you for working with Doral. Have a wonderful holiday season!

Sincerely,



Steven J. Pollock  
President

**Doral**<sup>®</sup>  
*A DentaQuest Company*

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## Medicare Advantage Minute

Many Medicare Advantage members now have dental benefits, too. They are available through certain programs in your area. You may be participating in one of these programs through your amended contract with Doral.

If you are interested in becoming a Medicare Advantage dental provider or have questions pertaining to Doral's Medicare Health Plans and products, please utilize the following Provider Relations Toll-Free Numbers:

- Unison Medicare Advantage – 800.341.8478
- WellCare PFFS – 800.936.0913
- Windsor Medicare Extra – 800.341.8478

The above hotlines are designated specifically for Medicare Advantage inquiries. All inquiries related to Medicaid should be directed to the phone number included in your Office Reference Manual.

## Spotlight on New Jersey

If you are a provider in New Jersey and treating members, please be aware that there is a state requirement which requires all medical and dental patient records to contain a notation of any cultural or linguistic needs of the enrollee. It is suggested that if none exist then the absence of need should be documented in the record. Doral Dental site reviewers will be looking for this documentation in the record during the site visit. We would like to thank you in advance for your compliance with this requirement.

## Doral Partners with NDA as a Corporate Round Table Member

Doral is proud to announce its new partnership with the National Dental Association (NDA) as a Corporate Round Table (CRT) member.

As many of you may know, the NDA is an organization formed in 1913, whose members are mostly African American dentists. Under the umbrella of the NDA are the Student National Dental Association (SNDA), the National Dental Hygienists Association, (NDHA), the National Dental Assistants Association (NDAA), the Auxiliary to the National Dental Association (ANDA), the Undergraduate Student National Dental Association, (USNDA) and the National Dental Association Foundation (NDAF).

The CRT, formed in 1997, acts in an advisory capacity to strengthen the organization's growth and development. This is achieved through corporate giving, fundraising, administrative contributions, and active participation in programs at the national and local levels. The NDA-CRT meets three times a year, and is governed by a Chairman, Vice-Chairs and the NDA leadership. The three committees of the CRT are: Membership, Scholarship and Community Education.

### Doral Partners with NDA continued

The objectives of the NDA-CRT are to:

- Maintain an open dialogue that allows CRT members and the NDA to be cognizant of each other's interests, priorities and concerns.
- Encourage the development of a sound financial strategy for NDA programs and activities by generating funds and assisting the NDA in recruiting new members to the CRT to expand the corporate donor base.
- Provide resources of advice and counsel to the NDA in the development of organization policies and strategic action planning.
- Provide assistance in the development of communication conduits and organizational links to other health organizations, public health policy makers, business entities, academic and research institutes.
- Establish relationships with corporate institutions that promote mutual benefits and long term growth for the NDA.

For over 95 years, the mission of the NDA has been to represent the concerns of ethnic minorities in dentistry, to elevate the global oral health concerns of under-served communities, to enhance educational and financial opportunities, and public policy awareness, for its members, and to recruit under-represented minorities into the profession through advocacy and mentorship. Doral is pleased and honored to be apart of the NDA and the CRT.

For more information, or to join the NDA contact:  
National Dental Association  
3517 16th Street, NW Washington, DC 20010  
Phone: (202) 588-1697 Fax: (202) 588-1244  
[admin@ndaonline.org](mailto:admin@ndaonline.org)



## Cultural Diversity Pointers

Medical professionals and patients can play a role in eliminating racial and ethnic disparities in health care. Open-mindedness and an understanding of commonalities and differences are keys to resolving the issue.

Robert C. Like, MD, MS, Director of the Center for Healthy Families and Cultural Diversity, UMDNJ-Robert Wood Johnson Medical School, reminds health care providers that:

- As clinicians, we need to “check our own pulse” and become aware of personal attitudes, beliefs, biases, and behaviors that may consciously and unconsciously influence our care of patients as well as our interactions with professional colleagues and staff from diverse racial, ethnic, and sociocultural backgrounds.
  - Every clinical encounter is cross-cultural. Developing partnerships with our patients and maintaining “cultural humility” can help us to learn and better understand the historical, familial, community, occupational, and environmental contexts in which our patients live.
  - It should be understood there is no “one” way to treat any racial and ethnic group, given the great sociocultural diversity within these broad classifications. Instead, we need to have a framework of interventions that can be individualized and applied in a patient- and family-centered fashion.
  - Clinical and preventive care needs to be evidence-based, flexible, authentic, and ethical. We need to appropriately tailor our interventions to patients, families, and communities.
- Cookbook approaches about working with patients from diverse sociocultural backgrounds are not useful, and instead risk potentially dangerous stereotyping and overgeneralization. Important intergenerational differences exist, and diversity is often greater within groups than between them.
  - It is important to understand not only patient and community barriers to care, but physician and health care system barriers to care. To eliminate racial and ethnic disparity, health care providers and organizations need to become more culturally and linguistically competent.
  - We need to challenge and confront racism, sexism, classism, and other forms of prejudice and discrimination that occur in clinical encounters as well as in society-at-large.

## The Importance of Dental Care During and After Pregnancy

It has come to Doral's attention that some providers choose not to treat pregnant members due to the mistaken impression that dental treatment is unhealthy for the mother and the unborn child. The purpose of this article is to clarify the importance of dental care during and after pregnancy.

### Oral Hygiene During Pregnancy

Routine cleanings and examinations during pregnancy are safe and recommended. During pregnancy, the rise in hormone levels can cause inflamed gingiva, leading to easy bleeding, puffiness and sensitivity (pregnancy gingivitis). Patients should be encouraged to maintain excellent oral hygiene and be

## The Importance of Dental Care continued

forewarned that additional bleeding is expected and can only be controlled by meticulous and frequent brushing and flossing.

Occasionally overgrowths of gum tissue, called “pregnancy tumors,” appear on the gums during the second trimester. These localized growths or swellings are usually found between the teeth and are believed to be related to excess plaque. They bleed easily and are characterized by a red, raw-looking mulberry-like surface. They are often surgically removed after the baby is born.

### Dental Treatment During Pregnancy

All elective dental work should be postponed until after the birth to avoid exposing the developing baby to even minimal risks. However, if emergency dental work becomes necessary (root canal therapy, extractions), taking precautions (thyroid collar; lead aprons) allows safe treatment to be rendered. It is generally accepted that the second trimester is the best time to render necessary treatment.

According to the American College of Radiology, no single diagnostic procedure results in a radiation dose significant enough to threaten the well-being of the developing embryo and fetus. Uterine doses for a full-mouth radiographic series have been shown to be less than one mrem. In comparison, the uterine doses from naturally occurring background radiation during the nine months of pregnancy can be expected to be about 75 mrem. However, every precaution should be taken to minimize radiation exposure by using protective thyroid collars and aprons.

### Maternal Oral Health and Early Childhood Caries

Dental caries is the most prevalent chronic infectious disease of our nation's children. Cariogenic bacteria (*Streptococcus mutans*)

are typically transmitted from mother or caregiver to child by behaviors that directly pass saliva, such as sharing a spoon when tasting baby food, cleaning a dropped pacifier by mouth, or wiping the baby's mouth with saliva. Colonization can occur any time after the child is born, but the bacteria have the greatest potential for being retained in the mouth after a tooth erupts. The earlier that cariogenic bacteria occupy ecological niches in the child's mouth, the greater the percentage of the child's plaque that will be comprised of these bacteria. As the child grows older, *Streptococcus mutans* becomes less able to colonize within a child's mouth, as the available ecological niches are filled with other organisms. Since the mother is the most common donor, mothers who themselves have experienced extensive past or current caries have a particularly strong need for counseling on how to avoid early transmission of cariogenic bacteria to their offspring.

In conclusion, the role of the oral health professional includes providing preventive and treatment care, and anticipatory guidance for pregnant women. It is hoped that obstetricians actively refer their patients for dental examinations and cleanings if they are not currently receiving them.

### Sources:

[www.ada.org](http://www.ada.org) – Frequently Asked Questions

Oral Health Care During Pregnancy and Early Childhood – New York State Department of Health, August 2006



## NEA FastAttach

Are you stuck in the vicious cycle of making duplicate x-rays and photocopies of other attachments and mailing them to insurance companies with a paper copy of your claim, only for the insurance company to tell you they never received it? With National Electronic Attachment's (NEA) FastAttach system, offices are remedied of the hassle of submitting claims that require attachments and you will never have to resubmit another attachment. FastAttach has made it simple for dental offices to transmit Xrays, EOBs, OP Reports and other attachments with their electronic claims.

Over 350 insurance plans now accept at-

tachments via FastAttach. Each month, you can transmit an unlimited number of attachments with NEA's FastAttach for less than 67 cents per day. In addition to unlimited monthly transmissions, FastAttach provides unlimited customer service and support. Your images are stored in NEA's secure repository. In addition, with the FastAttach Archive and History service, you can go online from any computer and securely view everything stored and transmitted via FastAttach. NEA has over 20 million images stored and we have never lost one.

FastAttach is inexpensive and easy to use. By sending your attachments elec-

tronically, you eliminate lost or damaged attachments, speed up the claim and pre-determination process, decrease postage expenses, and reduce follow up work.

Are you ready to improve your workflow and save valuable time and money? Contact NEA at 800.782.5150, extension 2, for more information. You may also visit [www.nea-fast.com](http://www.nea-fast.com) and enter DORAL5 in the blue promotion code box. This special promotion includes 75% off the normal registration fee of \$200. Registration includes software, installation, training, and unlimited telephone support. This offer is for new customers only.

## Enhancements to the Provider Web Portal!

Doral is pleased to announce that we have made updates to its Provider Web Portal (PWP)! As you know, claim history on the PWP was limited to selected codes. Effective October 14, 2008, claim history for even more codes is now available! That means your office will have access to each member's full claim history at the click of your mouse.

If you are not currently a registered user, sign up today by visiting Doral's website at ([www.doralusa.com](http://www.doralusa.com)). There you will see a Providers section. Clicking on this will take you to the PWP link. The PWP provides many features for your office. You may:

- Check eligibility
- Update practice information
- Submit claims or authorizations

- Print/view reports on submitted claims or authorizations
- View payment information

The PWP allows your office easy access to pertinent information so you can focus on your patients!

## Prevent Member Fraud

Have you ever encountered a case in which your office staff verified a member's history, to then have the claim denied for 'exceeding benefit limitations' for a date of service just prior to the member's scheduled visit to your office? Have you extracted a member's tooth and the service denied due to 'previously extracted tooth'?

Both of these could be examples of member fraud. Unfortunately, it is a well-known fact that some government dental programs members share their identification cards with others, allowing ineligible individuals to receive free dental treatment. An effective way to prevent these activities is to request a photo ID along with the member's card. This approach may not only protect your office from incurring an unpaid service, it may also assist in appropriately utilizing taxpayer dollars. If you expect a member is committing any form of fraud, please contact Doral's Fraud Hotline at 800.237.9139. All hotline calls remain confidential.

## Spotlight on Georgia

Doral Dental Services of Georgia, LLC (Doral), AMERIGROUP Community Care (AMERIGROUP), and WellCare of Georgia, Inc. (WellCare) encourage you to continue to accept new members for treatment, unless you have a full panel or are not accepting any new members across all insurances, including commercial. Doral's mission is to provide quality dental care to all our members and your continued commitment to the Georgia Families Program has truly made it a success!



## CONTACT INFORMATION

### Doral Customer Service

**800.341.8478**

- Press 1 for Automated Eligibility (via IVR System)
- Press 2 for Benefits, Eligibility, and History
- Press 3 for Claims and Payment Questions
- Press 7 for Provider Web Questions

### Doral Utilization Review

**800.294.9650**

### Via Email

Electronic Technical Support • [eclaims@doralusa.com](mailto:eclaims@doralusa.com)

Claims Payment Questions • [denclaims@doralusa.com](mailto:denclaims@doralusa.com)

Eligibility or Benefit Question • [denelig.benefits@doralusa.com](mailto:denelig.benefits@doralusa.com)

Utilization Review • [ddusa\\_um@doralusa.com](mailto:ddusa_um@doralusa.com)

### Provider Access to Web Portal & Other Features

[www.doralusa.com/Providers.aspx](http://www.doralusa.com/Providers.aspx)

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